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. · UTILITY	Attorney Docket No.	ZL 0189	
PATENT APPLICATION	First Inventor	GTUSEPPE LOMBARDO	
TRANSMITTAL	Title	SOFT TISSUE ANCHOR	
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EL 370119288	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  Applicant claims small entity status. See 37 CFR 1.27.  3. X Specification [Total Pages 15] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)	8. Nucleotide and/or Ai (if applicable, all nect a. Computer b. Specificati i. CD- ii. Pape c. Statemen	mino Acid Sequence Submission essary) Readable Form (CRF) ion Sequence Listing on: ROM or CD-R (2 copies); or	
- Abstract of the Disclosure  4.	10. 37 CFR 3.73( when there is English Trans 12. Information Di Statement (ID) 13. Preliminary Ai 14. Return Receit (Should be sp Certified Copy (if foreign prio Nonpublicatio	s an assignee) Attorney slation Document (if applicable) isclosure Copies of IDS isclosure Citations mendment pt Postcard (MPEP 503) pecifically itemized) by of Priority Document(s) in Request under 35 U.S.C. 122 pplicant must attach form PTO/SB/35	
6. Application Data Sheet. See 37 CFR 1.76	17.  Other:		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:			
Continuation Divisional Continua		ior application No.:	
Prior application information:  Examiner  For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS			
13. CORREST ORDEROL ADDRESS			

This collection of information is required by 37 CFR.1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR.1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (08-03)

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## FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 834.00

Compl te if Kn wn		
Filing Date		
First Named Inventor	GIUSEPPE LOMBARDO	
Examiner Name		
Art Unit		
Attorney Docket No.	ZI. 0189	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)			
Ondok   Ordar dara   Ondon				
Deposit Associate	Large Entity   Small Entity			
X Deposit Account: Fee Fee Code (\$)	ee Fee Fee Description ode (\$) Fee Paid			
1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	051 65 Surcharge - late filing fee or oath			
Deposit 1052 50 20	25 Surcharge - late provisional filing fee or cover sheet			
Name 1053 130 10	053 130 Non-English specification			
The Director Is authorized to: (check all that apply)    Charge fee(s) indicated below   Credit any overpayments   1812 2,520   18	312 2,520 For filing a request for ex parte reexamination			
	804 920* Requesting publication of SIR prior to Examiner action			
	805 1,840* Requesting publication of SIR after			
to the above-identified deposit account.	Examiner action			
	251 55 Extension for reply within first month			
1. BASIC FILING FEE	252 205 Extension for reply within second month			
Large Entity Small Entity	253 465 Extension for reply within third month			
Fee Fee Fee Fee Description Fee Paid 1254 1,450 2	254 725 Extension for reply within fourth month			
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee 750	255 985 Extension for reply within fifth month			
	2401 160 Notice of Appeal			
	2402 160 Filing a brief in support of an appeal			
1000 020   1000 200	2403 140 Request for oral hearing			
1001 100	451 1,510 Petition to institute a public use proceeding			
1452 110 2	2452 55 Petition to revive - unavoidable			
1453 1,300   2	2453 650 Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,300 2	2501 650 Utility issue fee (or reissue)			
Extra Claims below Fee Paid 1502 470	2502 235 Design issue fee			
Independent COL COL	2503 315 Plant issue fee			
Claims 4 - 3 = 1 \ 04 - 40 130	1460 130 Petitions to the Commissioner			
Multiple Dependent = 1807 50	1807 50 Processing fee under 37 CFR 1.17(q)			
Large Entity   Small Entity   1806   180   Fee Fee Fee Fee Description	1806 180 Submission of Information Disclosure Stmt			
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) 8021 40	8021 40 Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20 1809 750	2809 375 Filing a submission after final rejection			
1201 84 2201 42 Independent claims in excess of 3	(37 CFR 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid 1810 750	2810 375 For each additional invention to be examined (37 CFR 1.129(b))			
1204 84 2204 42 ** Reissue independent claims over original patent 1801 750 2	2801 375 Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 Request for expedited examination of a design application			
CURTOTAL (2) 1/\$\ 0.4 0.0 11 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if greater; For Reissues, see above **or number previously paid, if				

SUBMITTED BY

Name (Print/Type)

Signature

(Complete (if applicable))

Telephone 727 399 5295

Date 9/19/03

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